Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID002014	1		001-A
PERMIT NUM	1BER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
MM/DD/Y	YYY		MM/DD/YYYY
05/01/20	018		05/31/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	12.04	17.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	30.18	7.55	lb/d	*****	7.75	1.94	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	171	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	****	7.09	****	7.37	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	53.16	13.29	lb/d	****	13.65	3.41	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	163.5	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.69	1.741	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEP	DATE	
Sarea Gariaer Seri, Operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)6/07/2018
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2018]	05/31/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

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External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	1.59	5.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	95	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	92	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly auther and evaluate the information submitted. Based on my inquiry of the	l lared (Junderson	TELEP	DATE	
Jared Gunderson/ Operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)6/07/2018
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DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	05/01/2018]	05/31/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	05 441411/010	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	93.97	96.27	lb/d	****	11.27	11.54	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

May 24th Spring runoff has started raising our flows from a average of 400gpd to over 1.0 mgd. We are seeding our plant and are seeing the ammonia slowly coming back to permit levels.

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LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_	<u> </u>		
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	06/01/2018]	06/30/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

					FREQUENCY	SAMPLE					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	11.98	12.98	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	*****	11.3	11.3	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	140.66	35.17	lb/d	*****	13.65	3.41	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	72.7	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.25	****	7.41	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	*****	180	180	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	152	38	lb/d	*****	14.75	3.69	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

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ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	06/01/2018]	06/30/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	51.5	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	6.6	6.6	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	5.36	5.36	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	1.64	1.64	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	4.8	4.8	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.179	1.28	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	****	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

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Saroa carraci serii Bitto operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)7/10/2018
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Γ	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2018	1	06/30/2018

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		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	2.65	4.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	****	****	*****	*****	352	352	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	81	*****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	71	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

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Sarea Gariaci Sorii Erro operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)7/10/2018
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FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141	Γ	001-B
Γ	PERMIT NUMBER	Ī	DISCHARGE NUMBER
		_	
	MONITO	2R	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	06/01/2018		06/30/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

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		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	15.34	15.99	lb/d	*****	1.84	1.92	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I&I is a issue with rising ground water coming into our system are raising our daily flows to above + 1 MGD. We have been inspecting our collection system and making repairs as we find issues. The ammonia is high this month as result of the high flows in the plant. the 2 ammonia readings for the month are 1.48 mg/l and 1.61 mg/l.

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	15.49	17.71	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	281.44	70.36	lb/d	****	38.35	9.59	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	164.15	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.22	****	7.39	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	170.63	42.66	lb/d	*****	23.25	5.81	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	85.5	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.956	1.184	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

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İ	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Plant incoming flows had been increased I&I at the first of the month and have slowed. We did do some work and plug some problems in our system. This did help with the decrease in flows to the plant. The final BOD sample was made after we made repairs and show improvement in our removal of BOD.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141	Г	001-A
Γ	PERMIT NUMBER	Г	DISCHARGE NUMBER
	MONITO	ORIN	NG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	07/01/2018	1	07/31/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	107.73	365.4	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	77	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	73	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270	0-0209)8/08/2018
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Plant incoming flows had been increased I&I at the first of the month and have slowed. We did do some work and plug some problems in our system. This did help with the decrease in flows to the plant. The final BOD sample was made after we made repairs and show improvement in our removal of BOD.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141 001-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2018 07/31/2018

DMR Mailing ZIP CODE: 83422 **MINOR**

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

(SUBR 06)

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	80.86	101.17	lb/d	****	9.7	12.13	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lared (Junderson	TELEP	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)27	0-0209)8/08/2018
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are Increasing our dosing of nitrifying bacteria to our basins. We are working with the plan designer to solve the nitrification issues.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
r	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	08/01/2018]	08/31/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	17.11	18.39	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	121.95	30.49	lb/d	*****	28.9	7.23	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	227.4	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.99	****	7.37	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	27.43	6.86	lb/d	*****	6.5	1.63	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	136.95	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.501	.833	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEPI	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270	0-0209)9/06/2018
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The city no longer uses chlorine in our plant. We are using UV for disinfection.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Г	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
Ī	MONITO	PRIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	08/01/2018]	08/31/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	11.63	31.5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	87	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)27	0-0209)9/06/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The city no longer uses chlorine in our plant. We are using UV for disinfection.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141	Г	001-B
Γ	PERMIT NUMBER	Г	DISCHARGE NUMBER
	MONITO	DRII	NG PERIOD
	MONITO MM/DD/YYYY	ORII	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION). FREQUENCY OF ANALYSIS	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4.18	5.53	lb/d	*****	.5	.66	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lared (Junderson	TELEP	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)27	0-0209)9/06/2018
TYPED OR PRINTED	aniormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_			
Г	ID0020141		001-A
T	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORIN	IG PERIOD
	MONITO MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

Jared Gunderson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	٧G	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.71	17.47	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	115.52	28.88	lb/d	*****	26.05	6.51	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	289.8	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
H	SAMPLE MEASUREMENT	****	****	****	6.74	****	7.11	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	52.1	13.03	lb/d	*****	11.75	2.94	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	155.45	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	52.1	13.03	MGD	*****	****	****	*****		Continuous	Recorde (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorde (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The city is no longer using chlorine in the treatment plant. We use uv system for our effluent.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering

the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

JARED GUNDERSON/ DRC OPERATOR

TYPED OR PRINTED

NUMBER

(208)270-0209

AREA Code

0/09/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
09/01/2018	09/30/2018								

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	69.55	88.2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	91	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	92	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209		0/09/2018
TYPED OR PRINTED	unformation, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The city is no longer using chlorine in the treatment plant. We use uv system for our effluent.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_			
Γ	ID0020141		001-B
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	09/01/2018]	09/30/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.64	2.95	lb/d	****	.2	.35	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEPI	HONE	DATE
JARED GUNDERSON/ DRC Operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270	0-0209	0/09/2018
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
10/01/2018	10/31/2018							

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	13.65	16.06	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32.75	8.19	lb/d	*****	8.7	2.18	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	224.1	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.93	****	7.16	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	26.35	6.59	lb/d	*****	7	1.75	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	140.25	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.386	.562	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	lared Gunderson	TELEPI	DATE	
3, INEE CONSERVOIN, BITC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209		1/05/2018
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine in our system. we have upgraded to UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

	ID0020141		001-A
F	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2018]	10/31/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	6.24	18.9	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MINIMUM	*****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lared Gunderson	TELEP	DATE	
37 INCES CONSERVOIN, BIG Operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209		1/05/2018
TYPED OR PRINTED	unformation, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine in our system. we have upgraded to UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B				
Г	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	IVIOIVITO	אוואב	IG PERIOD				
	MM/DD/YYYY	אוואכ]	MM/DD/YYYY				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.46	2.03	lb/d	*****	.18	.24	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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37 INCES CONSERVOIN, BIG Operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209		1/05/2018
TYPED OR PRINTED	unformation, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_			
	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> </u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2018	1	11/30/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	٧G	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	•	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	11.14	12.34	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.27	2.32	lb/d	*****	2.9	.73	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	214.95	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.81	****	7.37	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	20.29	5.07	lb/d	*****	6.35	1.59	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	164	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.299	.466	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	lared Gunderson	TELEP	DATE	
Jared Gunderson/ DRC Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209		2/10/2018
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection of our effluent. We have upgraded to UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	11/01/2018	1	11/30/2018					

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	****	3.82	7.3	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	99	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	*****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	*****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEPI	HONE	DATE
Sarea Gariaci Sorii Erro Operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209		2/10/2018
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection of our effluent. We have upgraded to UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141 001-B
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
11/01/2018 11/30/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION			FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.73	.96	lb/d	****	.09	.12	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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37 INCES CONSERVOIN, BING OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209		2/10/2018
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are still seeding the plant. We have put a RFQ out for updating our facility plan and address our compliance issues.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_	<u> </u>		
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	12/01/2018]	12/31/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	٧G	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	9	9.93	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.8	9.8	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.97	2.24	lb/d	*****	4	1	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	281.8	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.7	****	7.14	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	160	160	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10.88	2.72	lb/d	*****	4.85	1.21	mg/L		Twice per Month	Grab
00530 1 0	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering JARED GUNDERSON/ DRC OPERATOR the information, the information submitted is, to the best of my knowledge and belief, true, (208)270-0209 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The city no longer uses chlorine for disinfection. We have installed UV for disinfection of our effluent.

Jared Gunderson

)1/08/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_			
Γ	ID0020141		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2018	Ī	12/31/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	147.15	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	2	2	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	19.84	19.84	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	3.76	3.76	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	****	2	2	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.311	.371	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

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		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)1/08/2019
İ	TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The city no longer uses chlorine for disinfection. We have installed UV for disinfection of our effluent.

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	2.42	5.2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	*****	****	*****	*****	538	538	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	****	99	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MINIMUM	*****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MINIMUM	*****	****	%		Monthly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270	0-0209)1/08/2019
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The city no longer uses chlorine for disinfection. We have installed UV for disinfection of our effluent.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_			
Γ	ID0020141		001-B
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2018	Ī	12/31/2018

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.78	.97	lb/d	*****	.09	.12	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEP	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)1/08/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are continuing to seed the plant and seeing good results this month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A				
T	PERMIT NUMBER		DISCHARGE NUMBER				
_							
	MONITO	<u> PRIN</u>	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	01/01/2019	Ī	01/31/2019				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	7.75	8.44	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	53.89	13.47	lb/d	*****	19.6	4.9	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	293.85	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.86	****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	24.75	6.19	lb/d	****	9	2.25	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	169.15	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.326	.377	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)27	0-0209)2/08/2019
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WE NO LONGER US CHLORINE AT OUR FACILITY, WE ARE USING UV FOR DISINFECTION.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	01/01/2019		01/31/2019					

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	*****	****	****	5.21	19.9	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	93	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)2/08/2019
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WE NO LONGER US CHLORINE AT OUR FACILITY, WE ARE USING UV FOR DISINFECTION.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B				
T	PERMIT NUMBER		DISCHARGE NUMBER				
_							
	MONITO	<u> PRIN</u>	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	01/01/2019	1	01/31/2019				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	42.07	59.72	lb/d	*****	5.04	19.3	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEP	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)2/08/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I HAVE SENT IN BOTH LIMIT VIOLATIONS LETTERS AND MADE THE PHONE CALLS TO THE HOTLINE FOR THE OVER LIMITS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
02/01/2019	02/28/2019							

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	•	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	6.92	7.53	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	41.7	10.43	lb/d	*****	14.2	3.55	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	****	*****	397.3	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.97	****	7.06	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12.19	3.05	lb/d	*****	4.15	1.04	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	186.7	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.359	.418	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)27	0-0209)3/08/2019
İ	TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE CITY NO LONGER USES CHLORINE IN OUR FACILITY. WE HAVE UPGRADED TO UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_									
Γ	ID0020141		001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	02/01/2019]	02/28/2019						

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	****	6.86	24.8	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	98	****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEP	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)27)3/08/2019	
TYPED OR PRINTED	and matter, melating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE CITY NO LONGER USES CHLORINE IN OUR FACILITY. WE HAVE UPGRADED TO UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	37.02	43.57	lb/d	*****	4.46	15.48	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	HONE	DATE
JARED GUNDERSON/ DRC Operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)3/08/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I have called the 24 hr hotline and filed the 5 day written reports.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2019	03/31/2019								

DMR Mailing ZIP CODE: 83422

Mailing ZIP CODE: 8342

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.34	7.55	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	54.39	13.6	lb/d	*****	18.6	4.65	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	299.05	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.86	****	7.11	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	50.15	12.54	lb/d	****	17.15	4.29	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	128.35	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4	.726	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	HONE	DATE
Saroa canaci soni Bito operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)4/05/2019
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine in our treatment process. we have upgraded to UV. The water temperature is still very cool and the plant biology is slow.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONI	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2019	03/31/2019								

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	11.99	28.4	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	94	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	87	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	*****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEPI	HONE	DATE
Sarea Gariaci Sorii Erro operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)4/05/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine in our treatment process. we have upgraded to UV. The water temperature is still very cool and the plant biology is slow.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
03/01/2019	03/31/2019							

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	42.15	66.93	lb/d	*****	4.65	21.4	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

I I	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lared Gunderson	TELEPI	DATE	
37 INEB CONSENCENT, BITC operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)4/05/2019
TYPED OR PRINTED	normation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I reported the high Ammonias within the 24 hour window and followed up with a written explanation.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

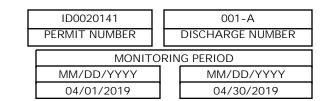
DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR



DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	7.39	9.59	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	77.17	19.29	lb/d	*****	21.75	5.44	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	393.85	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.89	****	7.12	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	43.11	10.78	lb/d	****	12.15	3.04	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	191.95	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.511	.774	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)

TYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE FACILITY NO LONGER USES CHLORINE IN OUR FACILITY. WE HAVE INSTALLED A UV SYSTEM.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

JARED GUNDERSON/ DRC OPERATOR

NUMBER

(208)270-0209

AREA Code

Jared Gunderson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

)5/09/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	*****	****	*****	15.92	21.2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	94	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	DATE	
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)5/09/2019
TYPED OR PRINTED	and matter, melating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE FACILITY NO LONGER USES CHLORINE IN OUR FACILITY. WE HAVE INSTALLED A UV SYSTEM.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	G PERIOD	
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2019]	04/30/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7.38	10.21	lb/d	****	.92	3.4	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEPI	DATE	
JARED GUNDERSON/ DRC Operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)5/09/2019
TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Ammonia has exceeded our limit and I have reported it on the IPDES site.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Г	ID0020141		001-A				
	PERMIT NUMBER	DISCHARGE NUMBER					
7							
	MONITO	2RIN	G PERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
I	05/01/2019]	05/31/2019				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	10.36	12.23	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40.24	10.06	lb/d	*****	11.2	2	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	201.65	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.95	****	7.06	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15.63	3.91	lb/d	*****	4.35	1.09	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	117.8	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.42	.52	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEPHONE		DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)6/09/2019
TYPED OR PRINTED	anomaton, netacing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine in our facility for effluent. We have upgraded to UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A				
Г	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	2RIN	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	05/01/2019	1	05/31/2019				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	*****	****	****	24.42	40.8	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	94	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEPHONE		DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)6/09/2019
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine in our facility for effluent. We have upgraded to UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	29.02	54.64	lb/d	****	2.9	12.6	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)6/09/2019
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The facility is working with the engineers to get into compliance. I did file a noncompliance with the DEQ for exceeding our limit.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2019	Ī	06/30/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	11.87	13.18	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	*****	NODI 9	NODI 9				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	41.57	10.39	lb/d	*****	7.2	1.8	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	106.2	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.62	****	7.09	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	NODI 9	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	30.89	7.72	lb/d	*****	5.35	1.34	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

I I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEP	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)7/09/2019
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

samples for 2 a year have been taken in July and will be submitted with the July DMR. I could not find any designated time frame for the 2 a year samples to be pulled in our permit. We no longer use chlorine in our facility we use UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2019]	06/30/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	76.65	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	NODI 9	NODI 9				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	NODI 9	NODI 9				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	****	NODI 9	NODI 9				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.851	1.096	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

I I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEP	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)7/09/2019
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

samples for 2 a year have been taken in July and will be submitted with the July DMR. I could not find any designated time frame for the 2 a year samples to be pulled in our permit. We no longer use chlorine in our facility we use UV.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_			
Γ	ID0020141		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	06/01/2019]	06/30/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	14.48	28.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI 9	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	93	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	93	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)7/09/2019
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2019	1	06/30/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4.2	5.7	lb/d	****	.62	1.3	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

I I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lared Gunderson	TELEPI	HONE	DATE
JARED GUNDERSON/ WASTEWATER TREATMENT FOREMAN	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270	0-0209)7/09/2019
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Г	ID0020141		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORIN	IG PERIOD
	MONITO MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	****	14.69	15.69	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	198.31	49.58	lb/d	*****	24.95	6.24	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	149.85	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	6.72	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	120.42	30.1	lb/d	*****	15.15	3.79	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	97	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.997	1.393	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEPHONE		DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270	0-0209)8/06/2019
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The city is no longer using chlorine in our facility. We have upgraded to UV. The following is our 2 a year samples. 2 A Year Samples ResultAlkalinity, Total 250.00Dissolved Oxygen 10.70 Nitrate plus Nitrite 2.00Oil and Grease 2.60Total Dissolved Solids 376.00Total Kjeldahl Nitrogen 13.90Total Phosphorus as P 4.47Nitrate 1.65Nitrite 0.35

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	07/01/2019	1	07/31/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	11.26	20.4	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	83	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	84	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	****	65 MINIMUM	****	*****	%		Monthly	Calculated

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JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270	0-0209)8/06/2019
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The city is no longer using chlorine in our facility. We have upgraded to UV. The following is our 2 a year samples. 2 A Year Samples ResultAlkalinity, Total 250.00Dissolved Oxygen 10.70 Nitrate plus Nitrite 2.00Oil and Grease 2.60Total Dissolved Solids 376.00Total Kjeldahl Nitrogen 13.90Total Phosphorus as P 4.47Nitrate 1.65Nitrite 0.35

Page 2

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141	ſ	001-B
Γ	PERMIT NUMBER	Ī	DISCHARGE NUMBER
		_	
	MONITO	ЭF	RING PERIOD
	MONITO MM/DD/YYYY	OR]	RING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	105.75	107.07	lb/d	*****	12.99	18.2	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lared (Junderson	TELEP	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)27	0-0209)8/06/2019
TYPED OR PRINTED	amorniador, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) I HAVE SUBMITTED THE 5/DAYS AND 24 HR REPORTING FOR THE OVERAGES.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.76	18.02	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	96.74	24.19	lb/d	*****	25.1	6.28	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	285.2	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
РН	SAMPLE MEASUREMENT	****	****	****	6.55	****	7.28	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	29.49	7.37	lb/d	*****	7.65	1.91	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	156	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.556	.963	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	****	*****		Continuous	Recorder (auto)

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JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)9/06/2019
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The facility no longer uses chlorine in our facility. We have upgraded to UV.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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LOCATION: 1250 WEST WEST BATES RO

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	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2019		08/31/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	11.67	41	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	****	91	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEPHONE		DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)9/06/2019
TYPED OR PRINTED	amormaton, melaling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The facility no longer uses chlorine in our facility. We have upgraded to UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2019]	08/31/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION		T	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	28.06	45.82	lb/d	*****	3.32	11.64	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	li certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquirry of the	lared Gunderson	TELEPHONE		DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)9/06/2019
TYPED OR PRINTED	entormation, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I HAVE REPORTED THE LIMIT OVERAGE TO IDEQ AND EPA HOTLINES AND FILED THE WRITTEN WITH EACH AGENCY.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY 09/01/2019		MM/DD/YYYY
			09/30/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	16.53	17.61	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	153.66	38.42	lb/d	****	43.15	9.6	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	275.9	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.88	****	7.04	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	20.3	5.07	lb/d	*****	5.7	1.27	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	165.25	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.438	.555	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209		0/03/2019
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine in our facility for disinfection we use UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY 09/01/2019		MM/DD/YYYY
			09/30/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	****	7.52	12.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	84	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270	0-0209	0/03/2019
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine in our facility for disinfection we use UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B				
Γ	PERMIT NUMBER	DISCHARGE NUMBE					
	MONITO	<u> PRIN</u>	IG PERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
	09/01/2019]	09/30/2019				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

	QUANTITY OR LOADING		NG	Ql	JALITY OR CON			FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	67.3	80.79	lb/d	****	8.03	22.58	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lared (Junderson	TELEP	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)27	0-0209	0/03/201
TYPED OR PRINTED	prior mation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I have reported the over limits to the 24 hour hotline and sent the 5-day written in.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A				
Γ	PERMIT NUMBER	DISCHARGE NUMBE					
_							
	MONITO	<u> PRIN</u>	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	10/01/2019	1	10/31/2019				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.31	14.63	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38.72	9.68	lb/d	*****	11.2	2.42	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	****	*****	494.65	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7.22	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	24.89	6.22	lb/d	*****	7.2	1.56	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	401.65	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.529	.801	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

Jared Gunderson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine we use UV for disinfection.

JARED GUNDERSON/ DRC OPERATOR

TYPED OR PRINTED

NUMBER

(208)270-0209

AREA Code

1/08/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A				
Γ	PERMIT NUMBER	DISCHARGE NUMBER					
	MONITO	DRIN	IG PERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
	10/01/2019	Ī	10/31/2019				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	7.97	40.2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	98	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l lared (Junderson	TELEP	HONE	DATE
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)27	0-0209	1/08/2019
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine we use UV for disinfection.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MONITO	DRIN	IG PERIOD						
	MONITO MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.3	.34	lb/d	****	.04	.1	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	l lared (Junderson	TELEP	DATE	
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)27	1/08/2019	
TYPED OR PRINTED	uniormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_			
	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> </u>	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	11/01/2019	1	11/30/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.29	11.39	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.16	1.29	lb/d	*****	2	.32	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	****	*****	289.15	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.93	****	7.43	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12.91	3.23	lb/d	*****	5	.81	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	148	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.324	.675	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

Jared Gunderson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine in our facility. We updated to UV

JARED GUNDERSON/ DRC OPERATOR

TYPED OR PRINTED

NUMBER

(208)270-0209

AREA Code

2/05/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2019]	11/30/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	99	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	*****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	DATE	
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209		2/05/2019
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine in our facility. We updated to UV

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141	Г	001-B
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORIN	IG PERIOD
			.0.205
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					. FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.46	.57	lb/d	*****	.06	.23	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Iared (allinderson	TELEPI	DATE	
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270	0-0209	2/05/201
TYPED OR PRINTED	prior matori, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2019	Ī	12/31/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	9.12	9.83	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	****	****	10.4	10.4	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.45	3.11	lb/d	*****	4.95	.78	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	292.4	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.83	****	7.16	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	230	230	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12.57	3.14	lb/d	*****	5	.79	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

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Jarea carraersern Bite operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)1/09/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We have upgraded our facility to UV and no longer use chlorine in our effluent stream.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2019	Ī	12/31/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	****	176.55	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	12.3	12.3	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	20.28	20.28	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	3.22	3.22	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	****	.5	.5	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.322	.418	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

information, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We have upgraded our facility to UV and no longer use chlorine in our effluent stream.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Jared Gunderson/ DRC Operator

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)270-0209

AREA Code

Jared Gunderson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)1/09/202

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	12/01/2019	1	12/31/2019						

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	****	****	*****	*****	424	424	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	****	98	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	HONE	DATE
Sarea Gariaer Son, Ente operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)1/09/2020
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We have upgraded our facility to UV and no longer use chlorine in our effluent stream.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B
T	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	<u> PRIN</u>	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2019	Ī	12/31/2019

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	10.17	11.69	lb/d	*****	1.22	4.75	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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Jared Gunderson/ DRC Operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270	0-0209)1/09/2020
TYPED OR PRINTED	amormation, measuring the possitionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The ammonia limit was exceeded this month. We have filed the reports to the hotline. We are still continuing to find a solution to stay in compliance.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_		_	
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2020	1	01/31/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.64	8.63	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	19.89	4.97	lb/d	*****	6.7	1.24	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	225.35	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	****	7	****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13.81	3.45	lb/d	****	4.65	.86	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	138.25	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.38	.716	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering Jared Gunderson JARED GUNDERSON/ DRC OPERATOR the information, the information submitted is, to the best of my knowledge and belief, true, (208)270-0209)2/07/202 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer us chlorine in our system. We are using UV for disinfection.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_			
Γ	ID0020141		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	01/01/2020]	01/31/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	*****	****	*****	1.15	2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	97	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my distriction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	DATE	
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270	0-0209)2/07/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer us chlorine in our system. We are using UV for disinfection.

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Г	ID0020141		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
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	01/01/2020]	01/31/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	65.36	65.62	lb/d	*****	7.84	22.04	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEP	DATE	
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)27	0-0209)2/07/2020
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We have exceeded the ammonia limit for the month. We have made the calls to DEQ and EPA for the violations.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_			
	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> P</u> RIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	02/01/2020	1	02/29/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.5	8.34	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	27.49	6.87	lb/d	*****	10.3	1.72	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	249.4	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.06	****	7.55	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12.81	3.2	lb/d	*****	4.8	.8	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	154.7	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.344	.384	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)3/05/2020
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine in our system. We have UV system.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141		001-A
PERMIT NUMBER	₹ [DISCHARGE NUMBER
MO	NITORI	NG PERIOD
MM/DD/YYY	Y	MM/DD/YYYY
02/01/2020		02/29/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	*****	****	****	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	96	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	*****	****	%		Monthly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	DATE	
JARED GUNDERSON/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270	0-0209)3/05/2020
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine in our system. We have UV system.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141	ſ	001-B						
T	PERMIT NUMBER	Ī	DISCHARGE NUMBER						
_	MONITORING PERIOD								
	MONITO	OF	RING PERIOD						
	MONITO MM/DD/YYYY	OF	RING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	73.01	73.3	lb/d	*****	8.76	27.51	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	lared Gunderson	TELEP	DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)3/05/2020
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) WE HAVE FILED THE 24 HOUR NOTICE AND 5 DAY WRITTEN TO EPA AND DEQ

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	03/01/2020		03/31/2020					

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	6.5	7.58	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	43.43	10.86	lb/d	****	13.15	2.71	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	281.55	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.97	****	7.55	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	30.88	7.72	lb/d	****	9.35	1.93	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	163.35	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.436	.738	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

information, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine at our wastewater treatment facility.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Toney Roy/ DRC OPERATOR

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)270-0209

AREA Code

Jared Gunderson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)4/09/202

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A					
Г	PERMIT NUMBER DISCHARGE NUMBER							
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	03/01/2020	1	03/31/2020					

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.25	38.8	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	****	94	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	DATE	
Toney key, bite of bit treit	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)4/09/2020
TYPED OR PRINTED	anto matton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine at our wastewater treatment facility.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	<u> PRIN</u>	IG PERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
	03/01/2020]	03/31/2020				

DMR Mailing ZIP CODE: 83422

MINOR

(SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				I I		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	88.74	92.22	lb/d	*****	10.64	27.37	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lared Gunderson	TELEP	HONE	DATE
Toney Roy/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)4/09/2020
TYPED OR PRINTED	amormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We did call in our twenty four hour notice of violation and submitted our five day written reports to EPA and IDEQ.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A				
T	PERMIT NUMBER		DISCHARGE NUMBER				
_							
	MONITO	<u> PRIN</u>	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	04/01/2020	Ī	04/30/2020				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	٧G	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.62	9.49	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.52	2.13	lb/d	*****	3.05	.53	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	232.05	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
ρΗ	SAMPLE MEASUREMENT	****	****	****	7.28	****	7.44	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13.55	3.39	lb/d	*****	4.85	.85	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	127	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	.404	.73	MGD	*****	****	****	*****		Continuous	Recorde (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorde (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Drum Screen #2 is under repairs with parts on order. Disc Filter is also under repair with parts on order. We no longer use chlorine in our process. We have upgraded to UV for disinfection.

Jared Gunderson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Toney Roy/ DRC OPERATOR

TYPED OR PRINTED

NUMBER

(208)270-0209

AREA Code

)5/07/202

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Г	ID0020141		001-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY]	MM/DD/YYYY				
	04/01/2020	Ī	04/30/2020				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	****	1.77	8.6	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	****	99	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	*****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	HONE	DATE
Toney key, bite of bit treit	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270)5/07/2020	
TYPED OR PRINTED	amornation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Drum Screen #2 is under repairs with parts on order. Disc Filter is also under repair with parts on order. We no longer use chlorine in our process. We have upgraded to UV for disinfection.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B			
Γ	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	<u> PRIN</u>	G PERIOD			
	MM/DD/YYYY]	MM/DD/YYYY			
	04/01/2020]	04/30/2020			

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	84.19	89.27	lb/d	****	10.11	30.5	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lared Gunderson	TELEP	HONE	DATE
Toney Roy/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)5/07/2020
TYPED OR PRINTED	anto maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

24 hr NOV call in has been submitted. The five day written has also been submitted.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	10.41	11.25	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.13	5.03	lb/d	*****	7.1	1.26	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	191.8	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.12	****	7.35	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13.19	3.3	lb/d	*****	4.65	.82	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	111.55	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.449	.788	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	I Iared (alinderson	TELEP	HONE	DATE
Toney hely blee of Electron	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)6/03/2020
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine to disinfect. We use UV for disinfection now.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	*****	****	****	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	96	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	*****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEPI	HONE	DATE
Toney key, bite of bit treit	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)6/03/2020
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine to disinfect. We use UV for disinfection now.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2020	1	05/31/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	OR CONCENTRATION			FREQUENCY	0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	80.28	81.07	lb/d	****	9.63	28.59	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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Toney Roy/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)6/03/2020
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are adding seed to our basin. our investigative samples are showing activity is starting. We are working on locating areas with I&I in our system.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A			
Γ	PERMIT NUMBER		DISCHARGE NUMBER			
_						
	MONITO	PRIN	IG PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	06/01/2020]	06/30/2020			

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.21	13.96	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	****	10.7	10.7	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	128.83	32.21	lb/d	****	18.5	8.05	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	****	90.2	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.14	****	7.27	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	****	280	280	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	145.2	36.3	lb/d	****	20.85	9.07	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	HONE	DATE
	roney key, but or butten	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)7/10/2020
į	TYPED OR PRINTED	and match, neighing the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection at this facility, we use UV. This month we hired two crews to seal 15 manholes that were leaking I&I, 2 leaking lift stations, plug one unused lateral in manhole, repair 1 slip joint, and fix 1 leaking service. All of these repairs did show a reduction of approximately 300,000 gallons of water per day! We also introduced a 30 day supply of probiotic to stimulate the nitrification process.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
06/01/2020	06/30/2020						

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	77	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	33.1	33.1	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	10.96	10.96	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	5.32	5.32	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	****	1.1	1.1	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.72	.895	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

	directify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPHONE		DATE
Toney Keyr Bite of Electron	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)7/10/2020
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection at this facility, we use UV. This month we hired two crews to seal 15 manholes that were leaking I&I, 2 leaking lift stations, plug one unused lateral in manhole, repair 1 slip joint, and fix 1 leaking service. All of these repairs did show a reduction of approximately 300,000 gallons of water per day! We also introduced a 30 day supply of probiotic to stimulate the nitrification process.

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2020	1	06/30/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	63.97	105	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	****	****	****	*****	404	404	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	79	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	73	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jared Gunderson	TELEPHONE		DATE
Toney Roy/ DRC OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)7/10/2020
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection at this facility, we use UV. This month we hired two crews to seal 15 manholes that were leaking I&I, 2 leaking lift stations, plug one unused lateral in manhole, repair 1 slip joint, and fix 1 leaking service. All of these repairs did show a reduction of approximately 300,000 gallons of water per day! We also introduced a 30 day supply of probiotic to stimulate the nitrification process.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B
r	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2020]	06/30/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	59.8	62.91	lb/d	****	7.17	8.98	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lared (Junderson	TELEP	HONE	DATE
Toney key, but or Environ	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)7/10/2020
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141	Г	001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_		_	
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2020	1	07/31/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.86	18.45	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	92.41	23.1	lb/d	*****	21.6	5.78	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	362	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.11	****	7.34	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	41.93	10.48	lb/d	*****	9.8	2.62	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	181.65	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.534	.989	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPHONE		DATE
Toney Key, Bite Lead of Livition	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270	0-0209)8/10/2020
TYPED OR PRINTED	anomation, neturing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection. We now use Ultra Violate. We have been adding another manufacturers bacteria to stimulate the ammonia removal, unsuccessfully.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	07/01/2020	1	07/31/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	3.96	9.7	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	94	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	HONE	DATE
Toney Key, Bite Lead of Livitor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)8/10/2020
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection. We now use Ultra Violate. We have been adding another manufacturers bacteria to stimulate the ammonia removal, unsuccessfully.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	07/01/2020]	07/31/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	99.78	126.78	lb/d	****	11.93	29.29	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lared Gunderson	TELEPI	HONE	DATE
Toney Key, Bite Lead of Livitor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)270-0209)8/10/2020
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Г	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
Ī	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2020]	08/31/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	18.11	20.01	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	85.38	21.35	lb/d	*****	22.5	5.34	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	252.55	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	****	7.11	****	7.31	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	18.97	4.74	lb/d	****	5	1.19	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	179.55	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.42	.825	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Lonev Rov	TELEP	HONE	DATE
Terrey Rey, Bite Lead of Elivited	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	6-6631)9/03/2020
TYPED OR PRINTED	anomaton, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection. We use Ultra Violate light.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	PRING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
08/01/2020	08/31/2020				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	29.26	41.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	91	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Loney Roy	TELEPI	HONE	DATE
Tonoy Key, Bite Lead of Livitor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)9/03/2020
TYPED OR PRINTED	anomator, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection. We use Ultra Violate light.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_	<u> </u>		
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	08/01/2020]	08/31/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	107.02	145.21	lb/d	*****	12.78	37.85	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I ONEV ROV	TELEPI	HONE	DATE
Torrey Royr Bito Load of Elivition	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	6-6631)9/03/2020
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
_							
	MONITO	<u> PRIN</u>	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	09/01/2020		09/30/2020				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	17.48	18.32	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64.33	16.08	lb/d	*****	18.15	4.02	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	311.3	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
РН	SAMPLE MEASUREMENT	****	****	****	7.02	****	7.25	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	14.18	3.54	lb/d	*****	4	.89	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	240	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.374	.435	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Lonev Rov	TELEP	HONE	DATE
Terrey Rey, Bite Lead of Livition	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	6-6631	0/07/2020
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are no longer using chlorine for disinfection. We are using Ultra Violate Lights.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	<u> PRIN</u>	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	09/01/2020		09/30/2020				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	52.53	90.6	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Loney Roy	TELEPI	HONE	DATE
Tonoy Key, Bite Lead of Livitor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	6-6631	0/07/2020
TYPED OR PRINTED	anomator, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are no longer using chlorine for disinfection. We are using Ultra Violate Lights.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141	Γ	001-B					
Γ	PERMIT NUMBER	Ī	DISCHARGE NUMBER					
	MONITORING PERIOD							
	MONITO	ЭR	RING PERIOD					
	MONITO MM/DD/YYYY	OR]	RING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	117.36	120.6	lb/d	*****	14.07	33.63	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Loney Roy	TELEP	HONE	DATE
Torrey Roy, Bito Load of Livition	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	6-6631	0/07/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
10/01/2020	10/31/2020							

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	14.94	16.96	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	33.86	8.47	lb/d	*****	10.15	2.12	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	****	*****	235.5	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	****	7.01	*****	7.12	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	20.02	5	lb/d	*****	6	1.25	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	167.25	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.369	.439	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)

Toney Roy

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

information, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not use chlorine for disinfection any longer. We use UV for disinfection.

Toney Roy/ DRC Lead OPERATOR

TYPED OR PRINTED

NUMBER

(208)516-6631

AREA Code

1/02/202

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
Γ	10/01/2020		10/31/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	39.85	76.8	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	96	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Loney Roy	TELEPI	HONE	DATE
Tonoy Key, Bite Lead of Livitor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631		1/02/2020
TYPED OR PRINTED	anomator, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not use chlorine for disinfection any longer. We use UV for disinfection.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141	Г	001-B
T	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2020	1	10/31/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	82	82.9	lb/d	****	9.83	24.85	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I ONEV ROV	TELEP	HONE	DATE
Toney hely bite lead of livings	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631		1/02/2020
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141	Г	001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_		_	
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2020	1	11/30/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.76	13.17	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	46.05	11.51	lb/d	*****	12.55	2.88	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	256.25	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	6.94	****	7.12	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	49.54	12.38	lb/d	*****	13.5	3.1	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	184.1	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.381	.559	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Loney Roy	TELEPI	HONE	DATE
Toriog Royr Bito Loud of Littlien	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631		2/01/2020
TYPED OR PRINTED	anomaton, netacing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not use chlorine for disinfection anymore. We use Ultra Violate Lights.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2020]	11/30/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	37.61	387.3	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	95	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	93	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Toney Roy	TELEPI	DATE	
Toney Key, Bite Lead of Livitor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	6-6631	2/01/2020
TYPED OR PRINTED	Information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not use chlorine for disinfection anymore. We use Ultra Violate Lights.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
_								
	MONITO	<u> PRIN</u>	IG PERIOD					
	MM/DD/YYYY]	MM/DD/YYYY					
	11/01/2020]	11/30/2020					

DMR Mailing ZIP CODE:

83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	49.17	68.16	lb/d	****	5.71	16.68	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I ONEV ROV	TELEP	DATE	
Toney Key, Bite Lead of Livited	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631		2/01/2020
TYPED OR PRINTED	anto mattor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
12/01/2020	12/31/2020						

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	9.11	10.12	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	*****	10.4	10.4	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	39.81	9.95	lb/d	*****	11.1	2.49	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	270.95	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.07	****	7.27	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	350	350	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	70.83	17.71	lb/d	*****	19.75	4.43	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Lonev Rov	TELEP	HONE	DATE
Toriog Royr Bito Load of Littlion	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)1/19/202
TYPED OR PRINTED	untormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We use Ultra Violate Lights for disinfection in place of chlorine.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
_								
	MONITO	<u> PRIN</u>	IG PERIOD					
	MM/DD/YYYY]	MM/DD/YYYY					
	12/01/2020]	12/31/2020					

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	184.25	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	36.7	36.7	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	9.43	9.43	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	****	.5	.5	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	****	1.5	1.5	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.35	.446	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Loney Roy	TELEPI	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)1/19/202
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We use Ultra Violate Lights for disinfection in place of chlorine.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_								
Γ	ID0020141		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	12/01/2020	1	12/31/2020					

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	15.84	120	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	****	*****	****	*****	588	588	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	*****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	****	89	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	*****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my distriction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Loney Roy	TELEPI	HONE	DATE
Toney Key, Bite Lead of Livited	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51)1/19/202	
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We use Ultra Violate Lights for disinfection in place of chlorine.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_			
Γ	ID0020141		001-B
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	12/01/2020]	12/31/2020

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	90.92	94.38	lb/d	****	10.93	26.22	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I ONEV ROV	TELEP	HONE	DATE
Tonoy Key, Bite Lead of Livitor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)1/04/202
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This spring we will be draining and cleaning one of our biological basins to perform maintenance on all of its componence. I believe that this could be a factor in the lack of nitrification in these basins.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	01/01/2021]	01/31/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	8.06	8.85	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	140.22	35.06	lb/d	*****	36.55	8.76	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	319.85	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	****	7.21	****	7.57	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	114.52	28.63	lb/d	*****	29.85	7.16	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	128.75	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.348	.387	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Loney Roy	TELEPI	HONE	DATE
Toney hoy? Bito Load of Livition	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)2/01/202
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not use chlorine for disinfection anymore. We use UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	01/01/2021	Ì	01/31/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	*****	****	*****	21.21	98.5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	89	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	77	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Toney Roy	TELEPI	HONE	DATE
Toney Key, Bite Lead of Livitor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)2/01/202
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not use chlorine for disinfection anymore. We use UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141	Г	001-B
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRII	NG PERIOD
	MONITO MM/DD/YYYY	ORII	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	149.31	150.66	lb/d	*****	17.9	39.27	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Loney Roy	TELEPI	HONE	DATE
Tonoy Key, Bite Lead of Livitor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	6-6631)2/01/202
TYPED OR PRINTED	unformation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The cold influent temperatures are in part preventing us from being able to nitrify.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
_								
	MONITO	PRIN	IG PERIOD					
	MM/DD/YYYY]	MM/DD/YYYY					
	02/01/2021]	02/28/2021					

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	6.27	7.66	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	94.28	23.57	lb/d	*****	23.8	5.89	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	251.15	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Н	SAMPLE MEASUREMENT	****	****	****	7.38	****	7.67	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	62.59	15.65	lb/d	****	15.8	3.91	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	162.45	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.405	.621	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I ONEV ROV	TELEP	HONE	DATE
Toney Roy/ DRC Lead OPERATOR	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	6-6631)3/01/202
TYPED OR PRINTED	and mation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine to disinfect. We use UV Lights now.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
Γ	02/01/2021]	02/28/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	****	39.98	436	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	91	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	90	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I ONEV ROV	TELEPI	TELEPHONE		
Toney Key, Bite Lead of Livitor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	6-6631)3/01/202	
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine to disinfect. We use UV Lights now.

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2021]	02/28/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	142.1	159.69	lb/d	*****	17.39	44.53	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Loney Roy	TELEPI	HONE	DATE
Tonoy Key, Bite Lead of Livitor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	6-6631)3/01/202
TYPED OR PRINTED	unformation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
T	PERMIT NUMBER		DISCHARGE NUMBER
_	•		
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2021	Ī	03/31/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	OR LOADING QUAL		UALITY OR CON	CENTRATION	_	NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.05	8.15	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	102.49	25.62	lb/d	****	28.25	6.41	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	460.85	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.28	****	8.42	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	90.7	22.67	lb/d	*****	25	5.67	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	176.5	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.384	.556	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I ONEV ROV	TELEP	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	(208)516-6631	
TYPED OR PRINTED	and material including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are no longer using chlorine for disinfection. We are now using UV lights. Monday April fifth we have a contractor hired to start cleaning one of the two basins we have. I believe that this will increase the performance of of the basin resulting in better plant performance as well.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	98.88	629	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	94	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	86	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Toney Roy	TELEPI	DATE	
Toney Key, Bite Lead of Livitori	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)4/02/202
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are no longer using chlorine for disinfection. We are now using UV lights. Monday April fifth we have a contractor hired to start cleaning one of the two basins we have. I believe that this will increase the performance of of the basin resulting in better plant performance as well.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_			
Γ	ID0020141		001-B
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	03/01/2021]	03/31/2021

DMR Mailing ZIP CODE: 83422

MINOR

(SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	148.2	149.9	lb/d	****	17.77	41.8	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Toney Roy	TELEPI	DATE	
Toney Keyr Bite Lead of Livited	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)4/02/202
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.93	9.91	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	140.34	35.08	lb/d	*****	47.4	8.77	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	284.55	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.62	****	7.78	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	43.97	10.99	lb/d	****	14.85	2.75	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	193.15	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.333	.667	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	****	*****		Continuous	Recorder (auto)

	OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I LONEY ROV	TELEPI	HONE	DATE
Toney Roy/ DRC Lead OPER	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)5/05/202
TYPED OR PRINTED	anto matter, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not disinfect with chlorine. We disinfect with UV.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141		001-A
PERMIT NUMBER		DISCHARGE NUMBER
MON	IITORII	NG PERIOD
MM/DD/YYYY		MM/DD/YYYY
04/01/2021	1	04/30/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	*****	****	****	75.45	137.6	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	83	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	****	92	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Loney Roy	TELEPHONE		DATE
Toney Key, Bite Lead of Livitor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)5/05/202
TYPED OR PRINTED	anomator, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not disinfect with chlorine. We disinfect with UV.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2021]	04/30/2021

DMR Mailing ZIP CODE:

83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		I I		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	115.42	124.83	lb/d	****	13.92	41	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Lonev Rov	TELEPHONE		DATE
Toney Keyr Bite Lead of Livited	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)5/05/202
TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are in the process of cleaning one of the two basins we have to treat sewage. We are confident this will improve the performance of the basin. This should also help the nitrification process by removing any contaminating debris on the media and or in each cell. This cleaning started April 5th 2021 and is expected to finish by May 21st, weather permitting.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
_							
	MONITO	<u> PRIN</u>	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	05/01/2021	Ī	05/31/2021				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	11.48	14	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	159.36	39.84	lb/d	*****	52.35	9.96	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	325	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.57	****	8.04	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	43.07	10.77	lb/d	*****	14.15	2.69	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	144.85	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.354	.482	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney hoy? Bho Load of Livingh		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)6/18/202
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) We are using UV lighting for disinfection.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2021]	05/31/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	65.81	169.6	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	84	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	90	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I ONEV ROV	TELEPHONE		DATE
Toney Key, Bite Lead of Livitor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)6/18/202
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) We are using UV lighting for disinfection.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

			TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	122.52	123.85	lb/d	*****	14.71	41.52	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Toney Roy	TELEPI	HONE	DATE
Toney Keyr Bite Lead of Livited	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)6/18/202
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.76	18.28	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	*****	3.1	3.1	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	116.13	29.03	lb/d	*****	25.55	7.26	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	296.05	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.42	****	7.96	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	*****	360	360	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	90	22.5	lb/d	*****	19.8	5.62	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		Toney Roy	TELEPHONE		DATE
Toney hoy? But Load of Livingh	the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	6-6631)7/07/202
TYPED OR PRINTED	anomaton, netering the possibility of the and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection. We now use UV lights.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_		_	
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2021	1	06/30/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	126	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	45.1	45.1	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	.53	.53	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	5.64	5.64	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	2.8	2.8	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.612	.851	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Toney Roy	TELEPH	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)7/07/202
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection. We now use UV lights.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	IG PERIOD	
	MM/DD/YYYY]	MM/DD/YYYY
	06/01/2021	1	06/30/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	24.72	101.7	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	****	****	*****	*****	424	424	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	91	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	84	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I ONEV ROV	TELEPI	HONE	DATE
Toney Keyr Bite Lead of Livited	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	5-6631)7/07/202
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection. We now use UV lights.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_			
Γ	ID0020141	Г	001-B
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2021	Ī	06/30/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	108.45	127.89	lb/d	*****	13.29	30.67	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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Toney Keyr Bite Lead of Livited	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)7/07/202
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	07/31/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.85	17.87	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	110.43	27.61	lb/d	*****	25.15	6.9	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	****	****	373.1	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.26	****	7.76	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	43.91	10.98	lb/d	****	10	2.74	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	186.65	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.527	.595	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	****	*****		Continuous	Recorder (auto)

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Loney Roy	TELEP	HONE	DATE
	remey hely, blue beau eperate.	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	6-6631)8/08/202
į	TYPED OR PRINTED	and matter, reducing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We use UV disinfection now instead of chlorine. We have also increased the scouring of the basins in an attempt to remove any excessive debris that might impede the performance of the basins. We have started dosing another round of nitrifying bacteria to start the nitrification process.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	07/31/2021

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	33.37	214.2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	93	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I ONEV ROV	TELEP	HONE	DATE
Terrey Rey, Bite Lead operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)8/08/202
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We use UV disinfection now instead of chlorine. We have also increased the scouring of the basins in an attempt to remove any excessive debris that might impede the performance of the basins. We have started dosing another round of nitrifying bacteria to start the nitrification process.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Г	ID0020141		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
Ī	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
Γ	07/01/2021		07/31/2021

DMR Mailing ZIP CODE: 83422

MINOR

(SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	183.35	186.45	lb/d	****	21.98	42.34	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Toney Roy	TELEPI	HONE	DATE
Toney Roy/ DRC Lead Operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)8/08/202	
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We have started dosing another cycle of Microplex nitrifying bacteria in a attempt to achieve nitrification.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
_							
	MONITO	<u> PRIN</u>	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	08/01/2021	Ī	08/31/2021				

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.63	20.21	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	86.7	21.67	lb/d	*****	19.85	5.42	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	366	****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	****	6.48	****	7.43	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	34.94	8.74	lb/d	****	8	2.18	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	167.8	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.528	.854	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

ļ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Loney Roy	TELEPI	HONE .	DATE
	Toney hoy? Bito Load operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)51	6-6631)9/08/202
Į	TYPED OR PRINTED	uniormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We use UV for disinfection. The low PH is a result of organic material that was found on the tip of the probe and returned to normal immediately after it was removed. It was in no way a representation of the actual effluent stream. There is an agreement to inspect the monitoring probe on a more regular basis.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DRIGGS, CITY OF

ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

	ID0020141		001-A					
F	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	08/01/2021		08/31/2021					

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	*****	****	****	51.8	131.4	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	95	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I ONEV ROV	TELEP	HONE	DATE
Torrey Neyr Bite Lead operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)9/08/202
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

Γ	ID0020141		001-B						
Г	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MONITO	DRIN	IG PERIOD						
	MONITO MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	200.15	254.88	lb/d	****	45.12	54.11	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Toney Roy	TELEPI	HONE	DATE
Terrey Rey, Bite Lead operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631)9/08/202
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ADDRESS: 80 NORTH MAIN STREET

DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

_								
Γ	ID0020141		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MANA (DD 0000)	ו	MA (DD 0000)					
	MM/DD/YYYY		MM/DD/YYYY					
	09/01/2021		09/30/2021					

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	17.46	18.43	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	43.5	10.87	lb/d	*****	8.45	2.72	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	286.7	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.37	****	7.73	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	41.95	10.49	lb/d	*****	8.15	2.62	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	144.65	****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.52	.744	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFI	ER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my injury of the	I ONEV ROV	TELEPH	HONE	DATE
Toney Roy/ DRC	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516	6-6631	0/06/202
TYPED OR PRINTED	uniormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not use chlorine for disinfection anymore. We are disinfecting with UV lights now. The influent BOD has been at or above it's design capacity consistently for some time now. The City is looking at it's options to remedy this as well.

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 80 NORTH MAIN STREET

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FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 1250 WEST WEST BATES RO

DRIGGS, ID 83422

ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
09/01/2021	09/30/2021							

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	41.35	60.5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	97	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MINIMUM	*****	****	%		Monthly	Calculated

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Toney Roy/ DRC	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631		0/06/202
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	09/01/2021]	09/30/2021					

DMR Mailing ZIP CODE: 83422

MINOR (SUBR 06)

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External Outfall

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		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				I I	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	200.15	254.88	lb/d	****	45.12	54.11	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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Toney Key, Bite Lead operator	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)516-6631		0/06/202
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are seeding the East basin and recirculating effluent from the East basin in an attempt to gain nitrification.